1 1 2 1 3 1 4 4 5 5 5 6 1	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT STATE GITY STREET STOLEN HESULTED STOLEN VEHICLE HIT & RUN LOCAL AGENCY 0664	1 2 3 27 2 5 0 3 1 8 28 2 1 29
7 8 9 9 10 9 11 3 5 12 3 5 13 14 15 2 16 2	STREET NEW ADDRESS 1507 93 AVE SE CITY LAKE STEVENS ST WA ZIP 99258 CDL RESTRICTIONS ENDORSEMENTS DRIVER'S GUERRAT041D1 STATE WA SEX M D.O.B. 03 - 21 - 1996 ON DUTY STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET INJURY 1 NATURE OF INJURIES LICENSE ARU3577 STATE WA VINA 4S3BMBG62C3039128 TRAILER PLATE # STATE VEH. YEAR 2012 MAKE SUBA MODEL LEGACY STYLE SD VEHICLE TOWED TOWED BY YES NOW NOT TOWED BY YES NOW YES NOW YES NOW Y	1 1 2 31 2 1 1 2 32 2 2 3 7 33 FROM TO 9 9 34 4 35 4 36
17	STREET NEW ADDRESS 8506 70 ST NE CITY MARYSVILLE ST WA ZIP 98270 CDL RESTRICTIONS ENDORSEMENTS DRIVER'S LINK'RJ330NB STATE WA SEX U D.O.B. MMDDYYYY 08 - 02 - 1967 ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET CLASS 1 NATURE OF INJURIES LICENSE ASU2032 STATE WA VIN# 5XYZTDLBXFG248620 TRAILER PLATE # STATE VEH. YEAR 2015 MAKE HYUN MODELSANTA STYLE 4W VEHICLE TOWED TOWED BY VEHICLE NO. 2 VEHICLE NO. 2 INSURANCE CO ALLSTATE 964-266-164 INSURANCE CO ALLSTATE 964-266-164 NEGERT MINER OFFICENS NAME PRINT) ROBERT MINER PAGE 01 OF 3 PAGE 01 OF 3	37 38 39 40 40





CORRECTION

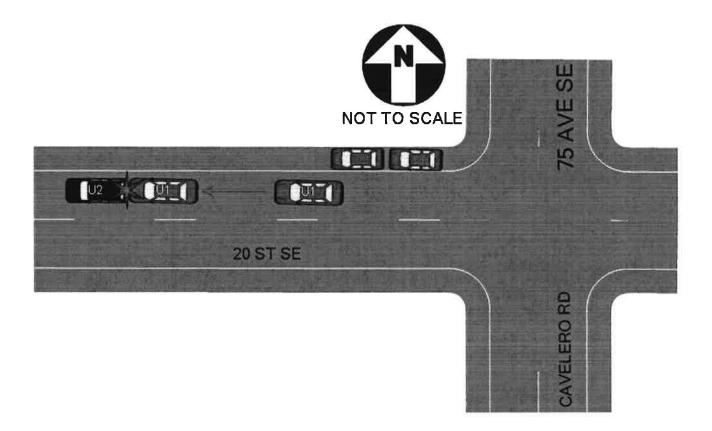
REPORT NO.

CASE #	15-011

160

E422505

NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR, EJECT HELMET USE CLASS NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # SEX D.O.B. NATURE OF INJURIES NAME (LAST, FIRST, MIDDLE INITIAL)									
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR, EJECT HELMET INJURY CLASS NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # SEX D.O.B.									
PASSENGER WITNESS UNIT # POS. AIRBAG RESTR, EJECT USE CLASS NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # SEV D.O.B.									
(LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # SET D.O.B.									
[GEV] D.U.D.]]]									
MMDDYYYY									
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES									
NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE # SEX D.O.B. MMDDYYYY									
PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES									
NARRATIVE									
Unit #2 was westbound on 20 ST SE in the 7500 block. Unit #1 was behind Unit #2 also westbound on 20 ST SE. There was previous collisiont on the shoulder at this location. Unit #1 stated while he was looking at the previous collision whne he hit a pot hole. Driver or Unit #1 said he lost control of his car when he noticed Unit #2 was stopped in traffic. Unit #1 was unable to stop in time and rear ended Unit #2. Airbag was deployed in Unit #1.									
ROBERT MINER 05-07-15 02:29 PM INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST. DET DATED PLACE SIGNED									
APPROVED BY BOBERT MINER 065 5/7/2015 2:30:36 PM									
ROBERT MINER 095									



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

	CASE NUM	IBER 15-11	60						
VICTIM / WITNESS									
NON- NAME (LAST, FIRST MIDDLE) DISC GUEIRERO, Anthony Taylor	RACE ETH SEX	3/21/96 19	HGT WGT 6'2 193	HAIR EYES					
STREET ADDRESS CITY		STATE"	ZIP	RES. STATUS					
HOME PHONE CELL PHONE	_	PLACE OF EMPLOY							
425 - 2647 - 425-334- WORK PHONE EMAIL ADDRESS	CASA.	Buttleci	reek holt	LOUISE					
360-654-7931 anthony.9	werrerold T	LC. COU							
ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROP	I, Anthony Guerre, did not grant, nor to my knowledge did anyone else of proper authority, grant anyone permission to enter my: (circle one) residence, properly, and/or such asset(s) under my control; nor was								
PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FRO ACTIONS COMMITTED.	M, NOR COMMIT ANY	ACI(S) THEREIN. TWILL	PROSECUTE FOR	SUCH					
In Stop and go traffic	I rai	10 minu	town to	46					
hill leading to the tressi	P. I hit	a potho,	ie and						
my vehicle lost con trop t	12	1 01	d Trigh	+					
and I tried to correct it	but dig	d17 have	time						
and rearended the ma	n in fro	nt of me							
	5								
									
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT									
Linia . Include:	DATE SIGNED	LOCATION SIGNED	of Cite.						
OFFICER/NUMBER!	DATE SIGNED	LOCATION SIGNED							

[&]quot;The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

		CASE NUMBER	15-1160					
VICTIM / WITNESS								
	J	RACE ETH SEX DOB	-Z-67 AGE HGT WGT HAIR EYES -Z-67 47 64 340 BRO BLU					
STREET ADDRESS SOG 70 ST NE		Y MARYSVILLE	STATE ZIP RES. STATUS					
HOME PHONE (425) 750-22(3	(425)750 ·	.2213	PLACE OF EMPLOYMENT Community (2ANS)					
WORK PHONE	EMAIL ADDRESS							
I, RUE MOND LINE DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.								
Driving WB ON Z	OF ST 10	JUST WEST	OF CAVALERO ROAD,					
I STOPPED FOR TRAFFI	c. CAR	DRIVEN BY A	Inithony Guerrero					
REAR ENDED MY V.	Ehicle.	7						
Some STIFNESS in NECK/BACK								
A in DeclineD AT SCEN	v C							
NO TOW USED.								
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT								
SIGNATURE:		DATE SIGNED	LOCATION SIGNED					
OFFICER/NUMBER:		DATE SIGNED	LOCATION SIGNED					

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"